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HOMŒOPATHY VS. SURGERY.

BY DR. A. B. SMITH, GRAND RAPIDS, MICH.

THERE is a recent book, written by the late Dr. Carleton, of New York, and published by Boericke & Tafel, with the title "Homœopathy in Medicine and Surgery," which prompted the title for this paper. In it Dr. Carleton makes some of the most astounding claims and relates some of the most remarkable cures which I have ever had the pleasure of reading about. To nearly all members of our own school, to all of allopathic persuasion, and to those "on the fence," so to speak, some of his statements and claims of cures seem to more than verge on the absurd and impossible; they seem untrue—the ridiculous exaggeration of an obsessed therapeutic enthusiast. But to those who have seen the wonderful ease with which the properly chosen remedy in the proper potency will effect a cure, unaided by modern therapeutic subterfuges, Dr. Carleton appears as a man, wonderfully skilled after a life of experience in the selection of indicated remedies, and of unquestioned accuracy in his statements of results obtained. It is a book every Homœoath should read, especially every one who believes, as so many do, that the surgery of Allopathy and of Homœopathy are exactly alike. Mechanically they are; therapeutically they are not. It is my hope that his paper will make clear the differences as I understand them and show that homœopathic surgery is often not surgery at all, but the prevention of it.

It is a well known fact that the percentage of operations performed by homœopathic surgeons in proportion to their number, and the number of cases seen by them, is much less than that number performed by Allopathic surgeons. Homœopathic hospitals have a far smaller percentage of surgical cases in proportion than do Allopathic hospitals, and this is as it should be. For when the Allopathist has exhausted his meagre materia medica, if, inded, he may be said to possess one, where else can he turn than to surgery—or, indeed, Homœopathy, than which he had rather resort to the methods of the aboriginal medicine man.

So it is that indiscriminately his patients are sent to the surgeon for gallstones, cancer of the stomach, cancer of the liver, sigmoid, rectum, gastric ulcers, appendicitis and so on ad infinitum, undergoing severe and dangerous operations for a multitude of conditions or supposed conditions which you and I know to have succumbed times without number to the proper administration of the properly selected remedy. By this statement I do not mean to infer that Homœopathy has ever positively cured cancer of the liver, gall, bladder or stomach, but that in cases of doubtful diagnosis, if reliance is placed in the indicated remedy, the condition may ultimate in cure, relieving the necessity of operating for a condition not existing and subjecting the patient to the dangers attendant upon any operation no matter how simple.

Why is it that the Allopath's old standby, "Exploratory Incision," is so rarely, if ever, resorted to by the Homœopath? It is because he does not find it necessary. For the cases which the indicated remedy will not cure are bound to need surgery, if anything will cure them. Having seen a considerable number ot abdomens opened for exploratory incisions, with their full share of subsequent complications such as peritonitis, hernia, invalidism and even death and often without revealing any pathological condition warranting an operation so major and serious in character, it is, indeed, easy to appreciate the wonderful value of being able to eliminate any degree of doubt by an appeal to our Materia Medica.

It is my firm belief, and my constant daily observation confirms it, that there are thousands of patients operated on needlessly each day, and much to the shame of the profession be it said—some of them deliberately.

Consider, for instance, a patient with gallstones. The moment the Allopath makes the diagnosis, the surgeon is on his way into the gallbladder to leave behind a drainage tube. In a majority of cases a cure results. All well and good. Sometimes there is a persistent biliary fistula; sometimes there are no gall-stones; sometimes infected bile coming into contact with the peritoneum produces active and fatal peritonitis, But the majority of all cases operated on—say, 90 per cent., recover and are more or less well afterward except for the inconvenience of an

acquired cathartic habit maybe. How about the 10 per cent. who do not get well? They are certainly entitled to consideration. Has it been necessary to operate on all of them? No—decidedly no—for Homœopathy, with Chelidonium, Podophyllum, Mercurius, Digitalis, Iris and other tried and proven drugs could unquestionably have effected a complete and perfect cure for a goodly percentage of the whole, hence of the part. But there will be left some cases requiring operation, because of the failure of Homœopathy to do more than ameliorate and let us see the results.

Institutional statistics show that the homœopathic surgeon loses a considerably smaller percentage of his cases of cholecystotomy than the Allopath. Is not that sufficiently conclusive proof of the virtue of Homœopathy as a post-operative reliance? The surgical mechanics are the same. The therapeutics are not. Instead of the mechanics provoking the need for therapeutics, therapeutics more often eliminates the need for mechanics.

In considering neoplastic growths, cancer, fibroids, cystic tumors, appendicitis, etc., it would be admitting that Homœopathy is founded upon error to admit that it cannot cure them in some cases, possibly in all, in which the disease process has not become too generally disseminated throughout the system, or resulted in the ultimate destruction of so much tissue as to have affected and rendered pathological, normal physiological functions of vital structures.

Granted that it can do so, it is a question whether it is wise to prolong the condition indefinitely, to cause the patient long and continuous suffering than to resort to the methods employed by modern surgery, aided by the indicated remedy during convalescence. Of course, mechanical injuries, such as the lacerations of childbirth, need surgery for their correction, as Homœopathy can do no more than temporarily control the symptoms produced by such lesions.

There can be no question that the homœopathic surgeon, equipped as he is, with a knowledge of modern surgical technique, both diagnostic and operative, and also the Materia Medica of Hahnemann, is possessed of a much more efficient armament to cure the surgical patient than his allopathic confrere.

In order to show the effect of good homœopathic prescribing on cases in which surgery ultimately becomes indicated, I wish to cite the following cases:

Mrs. L. F. came to me on January 11, 1914, referred by a homœopathic physician of my close acquaintance, for appendicitis. A careful history taking revealed the following, to me, interesting facts:

About three years before had had an acute attack of appendicitis with severe pain and vomiting and nausea, which was speedily controlled by the indicated remedy given by her physician. Under subsequent treatment she remained free from trouble until one year ago, at which time she suffered from another attack of less severity. At this time I was called in consultation with view to surgical interference and advised operation. It was decided to wait and the patient subsequently recovered perfect health except for a heavy feeling in the side which amounted to only a slight inconvenience, but which, being more or less constant, caused her considerable worry. A profuse leucorrhœa, of thick, yellowish character, appeared and persisted, remedies carefully chosen failing to do more than ameliorate her general condition. When she came to me, she was apparently in good health and complained only of these two persistent symptoms. A diagnosis of chronic appendicitis was made and operation advised. The patient entered the hospital the following day and the operation performed one day later. A mass of well organized adhesions was found binding the right ovary and tube and appendix in a conglomerate mass and stimulating in appearance an acute inflammatory mass as seen in the abdominal cavity, except that there was no fluctuation. Careful dissection of the mass and separation of the adhesions revealed, strange to say—an appendix with no sign of chronic or acute inflammation, but containing two or three sizable concretions. To one experienced in conditions of this sort, it was little less than remarkable to find all the signs of past severe acute inflammation adhesions, concretions, constrictions, etc., with no chronic condition persisting. There came the value of Homœopathy. It rendered her operation 500 per cent. less dangerous by eliminating the inflammatory process completely—but it *could not* absorb the adhesions and the adhesions made her sick.

Case 2. Mrs. N., referred to me by her physician for repair of perineal lacerations, entered the hospital on February 15, 1914. On the following day, after the usual general preparation for operation, a deep bilateral laceration of the perineum was repaired by the Emmet operation and the uterus curetted. After the repair was completed it was very evident that in itself it would prove to be insufficient to correct the marked retroversion of the uterus which existed, so the abdomen was opened to perform ventral suspension. Now was revealed the presence of the results of a condition long since past, which homœopathic prescribing had unquestionably cured. As the left broad ligament was explored, a dense mass of adhesions obstructed the examining finger and the conclusion drawn from the "feel" of the structures was that a pyosalpinx in chronic state of inflammation existed. Inquiry of the physician and husband, who were present, disclosed the fact that some time in the past she had had considerable pain in the left side, which had completely disappeared with

medicinal treatment. However, her husband stated, she occasionally had a feeling of discomfort there, much aggravated by fatigue and by the appearance of the menstrual flow. There were all the physical signs of a marked inflammation of the left tube. Careful dissection and separation of the adhesions, mostly conducted by cutting with scissors on account of their dense organization, finally discovered a perfectly normal tube and ovary—bound tightly together—the tube kinked in many places by bands of adhesions, but organically normal. After careful checking of the slight oozing hemorrhage from the adhesions and suspension of the uterus, the abdomen was sewed up and the patient made a splendid recovery. Now it is not at all common to find a mass of adhesions surrounding these organs and binding them together in such a manner, without being able to detect, at least, a subacute or chronic state of inflammation in the organs. In fact, it is almost invariably necessary to remove organs found in such surroundings, but here, how diffierent was the situation. Homœopathy had cured the disease—had subdued all inflammation—but again could not remove the results. An operation for pyosalpinx —either acute or chronic—is attended by grave dangers—but Homœopathy made it so simple as to almost place it in the class of minor operations.

It is not my belief that these two cases quoted are sufficient in themselves conclusively to prove anything, but at least they offer a clue to the fact that many cases may avoid the necessity of surgical interference if the indicated remedy is given an intelligent trial, and that the same agent will relieve the dangers of operations, commonly severe.

What I have said about Homœopathy as a prophylactic and adjuvant in general surgery applies equally as well to all other specialties. Does the homœopathic ear, nose and throat specialist spend all his time enucleating tonsils, turbinates, adenoids, operating on the sinuses of the skull and the mastoid cells. No—because it is not necessary. And because he does not, and because he uses Homœopathy, his results are uniformly better than his allopathic brother can possibly hope to procure. I have yet to talk with a homœopathic surgeon or other specialist who has not, with pardonable pride, compared his mortality statistics with those of the Allopath in every class of case. Institutional statistics will bear this statement out, that they are invariably low, the percentage of cures and recoveries higher, *if* Homœoathy is really employed.

And so I claim, that if the Materia Medica of Hahnemann makes the homœopathic internist the most successful factor known in this world for the cure of disease, it just as equally makes the homœopathic ear, nose and throat specialist, uro-genital specialist, gynæcologist, obstetrician and surgeon productive of the highest class of work and the most satisfactory results in all classes of cases in which they are individually and essentially indicated.

GLEANINGS.

BY LUTHER PECK, M. D., PLYMOUTH, MICH.

THE subject of my paper this evening is Gleanings. I have chosen the title, hoping that in presenting this paper I might offer something of interest to my fellow practitioners. If I have gleaned one new nugget for you I shall consider my time well spent in the preparation of these few pages.

The speaker has only been in the practice of medicine a decade, and thus he feels secure in saying that if the older practitioners here tonight would unfold their gleanings to us, gleanings from a successful practice of 20-40 years or more years, we could soon fill our cranial pockets with nuggets far more valuable than gold.

As I mentioned a few moments ago, the speaker has only been in active practice a short time, but during this period he has devoted his energies to the giving of the homœopathic remedy internally to cure the ills the human race seems heir to.

As I have never had a desire to scrape the retina, ligate the common carotid, or perform Cæsarean section, I will have you infer that my time has been spent on materia medica and its application to therapeutics.

Thus in my paper to-night I have not attempted to bring out anything new in our lines. My gleanings are all recorded in the books of old. Before new things are worthy of a place in Homœopathy they must be proven worthy. The members of the dominant school to-day are continually grasping for something new, something good. We have that something good, only it is not new. What is good has been good for one hundred and fifty years (150). It remains good. Never spoils. What does sour is not the medicine but the man behind. And why is this? Simply because to-day the great subjects allied to medicine seem more interesting to most physicians than the most important of all, namely, materia medica. How much easier it is to extract a cinder from the cornea and bind up that traumatic disturbance than to fathom out the Similia in a case of acute pulmonary œdema. On the one hand, you have the mechanical part to perform; on the other, you have the therapeutic success to obtain; but once you have gained the latter, humanity will have benefited a thousand fold.

But let me say to you—Gentlemen—that since the discovery of bacteria, and the germ theory; and, secondly, their manifestations only when

the body has an inviting weakness to them. The researches of Wright with opsinins, the vaccine therapy and so on, are simply reinforcing the homœopathic doctors today to believe all the more sincerely the Laws of Similars and to practice accordingly.

It was only a few years ago that a distinguished Homœopathist in the State of Massachusetts stated that the longer I practiced medicine the fewer drugs would my medicine case contain. But, Gentlemen, I have proven the converse of this to be true. I started to practice with a case holding 68 vials. Now I am daily using one that contains 122 vials.

Thus from my gleanings:

Firstly, I believe that Materia Medica and Therapeutics are the most essential in the healing art. The other branches, dealing practically with the mechanics of our science, should be treated secondly in their importance. They are, as Dr. C. A. Burrett, of Ann Arbor, recently stated at a Chicago meeting, simply accessories to the first, and *when* the day arrives with all the homœopathic institutions equipped with materia medica laboratories for a closer, more minute and intimate study of this great subject, then and only then will this art be more properly handled.

Secondly, I glean that the homœopathic remedy properly indicated, given singly, in the highest attenuation, is capable of curing the *curable* ills the human race is afflicted with. I do not ask you to agree with me in potency; but I do urge you to the Similia, and the single remedy. Practice *this* gleaning and your failures will be few.

Thirdly, I have gleaned that Secale Cornutum, in the 30th and 200th potencies, will act homœopathically better than the physiological dose of Ergot, in cases of post-partum hemorrhage. Trusting to the homœopathic remedy and using no other means, no case of hemorrhage has yet slipped through my hands before the remedy has had time to act. I have more confidence in the promptness of action of the homœopathic remedy operating through the law of nature, Similia Similibus Curantur, than I could have in a haphazard application suggested by the judgment or ingenuity of those who ignore that law. You will recall that Secale is spurred rye. A fungus growing upon the rye. Its common name is Ergot. Especially is your Secale indicated when there is a deficient vitality of the uterus, with hemorrhage of thin dark blood. The patient has a fear of death. That far off let me alone look is present and once you see it you will never forget it is a symptom possessed by Secale. The patient's pulse is small and most extinguished. The drug is suitable to the feeble, exhausted, cachectic women with a disposition to passive hemorrhages. The bleeding is aggravated by the slightest motion. The Secale patient finds a relief from cold. Now, then, if you have an indolent ulcer discharging an ichorous, offensive pus, you almost always think of Arsenicum, but Secale may be your Similia. The only distinction I offer is: Secale has relief from cold, while the Arsenicum patient finds solace in warmth.

I do not mean to have you infer that Secale is always your remedy in post-partum bleeding. I am simply pleading with you to give Secale 30th or 200th dilution in your next Secale case and note the wonderful cure you will experience. Perhaps you will have a post-partum hemorrhagic case calling for Ustilago; the fungus that grows on the corn. It is most effective in uterine hemorrhage when the flow is bright red, partly fluid and partly clotted (nearly the opposite to Secale, which I said had thin dark blood). Ustilago causes a passive congestion of the uterus. Oozing on the slightest manipulation, even a vaginal examination brings on a hemorrhage. Here think of Ustilago.

Another drug that comes to my mind in passive hemorrhage is Bovista, which you will recall is the ordinary puff-ball. We find it useful when the uterus is engorged; a flow of blood from any little exertion, being here similar to Ambra grisea—only the Bovista patients *flow at night or very early in the morning*. Then again we have Trillium pendulum with its bright, profuse flow, coming in gushes, aggravated by movement, and a sensation as if the hips and back were falling apart, relieved only by tightly binding the hips. There is also a faint feeling at the epigastrium, coldness of the extremities, a rapid and weak pulse. Likewise Hamamelis, with its hammering headache about the temples. There is always a feeling of great soreness in the affected part. The patient is greatly exhausted by the bleeding, but still exhibits no alarm or fear. Erigeron canadensis is another remedy for uterine hemorrhage, especially associated with dysuria, and so is Mitchella, the common checker-berry, partridge berry or squaw vine, but the Erigeron hemorrhage comes in fits and starts. It gushes forth then suddenly stops.

The fickleness of Erigeron reminds me of the fickleness of Pulsatilla. Was it not Talcott who said: The mental state of Pulsatilla is like the weather in April, now you see the brilliant radiance of the summer's sun as it glints down from the cerulean hued heavens; and again you see grey skies and feel the trickling tears of the clouds.

Belladonna is useful when hemorrhage is bright red, coagulating rapidly and feeling hot to the parts over which it flows.

Millefolium—profuse bright red flow. *No fear.* Aconite has fear.

Sabina—bright red flow—pain going from pubes to sacrum.

Carbo vegetabilis—A continuous passive hemorrhage—the *patient wants to be fanned.*

Acalypha Indica—hemorrhages after fits of coughing.

China—hemorrhage from any orifice of body, dark clotted blood. So profuse to cause great alarm. Coldness of the face, the features are collapsed, gasping for breath, the patient wants to be fanned.

Thus you see what powerful ammunition we possess over the dominant school to fight diseases. Why not practice better Homœopathy? It is yours if you will only seek it.

Now for the 4th gleaning:

About one year ago, a near neighbor, a bitter opponent to Homœopathy, called upon me to prescribe for a very annoying and unyielding vertigo. He had previously been treated five weeks by his brother-in-law, an allopathic physician, without any degree of improvement. His former doctor kept him in bed a week, dieted, "physicked and livered" him, hoping his patient would yield under such uncertain and unscientific treatment, but the patient received no benefit and finally was induced to try what he had always styled as "Homopathia" treatment. The symptoms he gave were as follows: For several months previous to my seeing this patient, he complained of vertigo whenever he attempted to walk or ride in a carriage. He could not turn his head to the left without producing an intense dizziness. This dizziness was *so marked* that he would fall if he did not lay hold of something. He was able to turn his head in any other direction with impunity. In other respects his health was perfect. I did not record this man's blood pressure nor did I seek his pathology. How would a knowledge of either have aided the cure? But years ago, under the roof of that old homœopathic medical building at Ann Arbor, I listened to an exhaustive lecture by Dr. Dewey on Colocynthis. He told us how it had vertigo on suddenly turning the head. Vertigo when walking rapidly. The Colocynth patient feels that he would fall upon turning the head. Dr. Dewey taught us that Colocynth has an especial affinity for the *left* side of the head, and I remembered it, and thus when this patient presented himself I gave him Colocynthis in the 200th dilution. I directed him to take two pellets every eight hours. The cure was speedy and permanent. I not only cured this patient, but I converted a foe into a friend of Homœopathy, and today my 200th dilution of Colocynthis has profited me much.

Again, I do not ask you to infer that Colocynth is always your remedy in vertigo. We have others just as good. I once cured a sort of vertigo in a patient who complained upon rising out of bed in the morning the ceiling would strike him, or if he looked down the floor would seem to strike him in the face. Seemingly an error in distance. The cure was speedy with Argentum nitricum 30th. Then there are Lachesis, and Theridion and Moschus, which have vertigo worse on closing the eyes, worse on sitting or lying down. The Theridion vertigo is greatly aggravated by noise. Again the Argentum nitricum patient has vertigo associated with trembling, and a general debility from nervous weakness. The patient staggers and reels as though he had partaken too freely of the wine when it was red. He becomes momentarily blind. He has roaring in the ears, associated with nausea and trembling. Again we have Silicea with its vertigo seemingly arising from the spine thence to the head. A fear that he will fall and *always to the left* will guide you in your choice of Silicea. You will remember a few moments ago I said that the Colocynth patient would fall if he turned or looked to the left. The Silicea patient always falls to the left.

And so on we are gifted with remedies to conquer the vertigo of the aged, and those afflicted with cardiac weakness and senile conditions in general.

Fifthly:—I have gleaned that in Kali phosphoricum we have a *near* specific for that very common and disagreeable condition we call canker sore mouth. I cannot recall how many times I have been asked to prescribe for this ailment, but I assure you that Kali phosphoricum has never failed me. I have always used the 6th trituration, directing my patients to allow a tablet to dissolve on the canker, once or twice daily. You will be surprised to see how promptly two or three doses will effect a cure. Several of the tissue remedies are placed on record as curative of diseased conditions of the mouth, but Kali phosphoricum has few equals in canker sores. Salicylic acid causes the common canker sores, with a burning soreness and fœtid breath. Sores near the frenum of the tongue lead us to think of Lycopodium, those on the tip to Lachesis, but on the inner side of the cheeks we have recourse to Nitric acid and Natrum phosphoricum.

Sixthly and lastly, as I note, my paper is getting lengthy:—

I have gleaned that drugs will not practice medicine for you. They are simply your ammunition; your method of applying them is your rifle; and the result depends upon the man behind the gun.

Plumbum.

In some cases of poisoning by lead the symptoms so closely resembled those found in acute catarrhal appendicitis that, without a history of the cases, an exact diagnosis was impossible. Such a case is reported in the *Medical Record*, Aug. 31, 1913. "The case is interesting in that it was absolutely impossible to determine whether the patient was really suffering from a catarrhal appendicitis or whether the symptoms were due entirely to Plumbism with the probabilities, however, in favor of the latter."

PRACTICAL EXPERIENCE WITH HOMŒOPATHIC REMEDIES.

BY WILLIAM A. HUMPHREY, M. D., TOLEDO, OHIO.

SEVERAL weeks ago your secretary requested me to write a paper upon some practical phase of Homœopathy. I promised to undertake the task and what follows is a fragmentary collection of things which have been found to be of practical value in my professional experience extending over a period of thirty years. During that time many changes have been wrought in the field of medicine, a few of which have been beneficial to mankind, but the great majority have come, flourished for a day, and disappeared. Our Homœopathic Materia Medica was writen at a time when medicine was practiced entirely from a curative standpoint. Drugs, to stand the test, at that time had to show merit and if they were new or applied in a new way they had to show equal merit with the old, or better results in their new application, if they were expected to supplant the old.

At present practically all medicines are directed to the prevention of disease. The sanitary era and the enlargement of the practice of hygiene have brought about an entirely new situation in the field of medicine. In fact, it has clarified our materia medica and brought about a better conception of what curative measures should be used in the treatment of diseases. It has accomplished also another saving feature in the treatment of disease, that is, it has relieved homœopathic remedies of an abuse which they suffered many times from being called upon to do that which they were not intended to accomplish and therefore their use under such conditions only brought them into disrepute. There are other things which have brought about a relief to our materia medica. I refer largely to adjuvant treatment and to the use of suggestion in the cure of the sick. No one can gainsay the value of these agencies and no one desires to do so since they have become so well established. There are also many new things which are being tried out and which may, in time, prove of value. I refer to the vaccines and serums. Of all of these, however, but two have any claim as curative agents. I refer to the antitoxin of diphtheria and the serum of the bacillus intracellularis. All others are preventive only. Frank Billings, in Forscheimer's Second Edition, just off the press, warns us to put little faith in them and this after reviewing 163 authorities upon the subject.

But to get back to my own experience. Like every student going from college, at the end of his course, I had familiarized myself with such drugs as the professor upon the subject of materia medica taught, with only a vague idea as to their practical application, but with a very vivid idea always in mind as to their value in final examination. Going forth with this meager knowledge of materia medica I soon found that I needed a great deal that I had not yet attained. There was a longing and a necessity that should be supplied. I soon learned that most people didn't care a fig for theory, but what they did care for was a physician who could help them in the quickest, safest way. At least they wanted a demonstration such as would prove to them that it possessed efficiency. I also learned that a great many people cared more to know what was the matter than they care to know what you were going to do to remedy it. This may have been brought about by the fact that the people knew that there were a number of ways by which the sick could be cured. Physicians nowadays recognize this fact and practice it to an extent. We do not believe that our physicians of today believe less in the law of similars, but they believe more that the great majority of cases need little help after setting all the functions of elimination going and paying proper attention to the question of nutrition. One has only to give Placebo, plus good advice, for a length of time to prove himself how much personality, sugestion, advice as to food, sleep, and exercise, play in the cure of disease. Add to this the element of time necessary for nature to accomplish her work and he will learn what a small factor he really is in many of his cases.

Turning to the other side we find that a large class need careful going over for diagnosis and for the selection of a remedy which will properly stimulate nature to effect a cure. I have always believed and practiced that a case should first be well diagnosed. While this is being done we are consciously or unconsciously classifying our remedies. Our diagnosis is a great saving to the credit of remedies. I have little faith in a physician who believes that he can cure any case if he can get the characteristics of the drug. He would better know what the symptoms presented mean, just whether the case is medical at all, than to give the best selected remedies when they ought not to have been called upon to attempt a thing which they were never intended to do. I have never believed that the teaching of symptoms alone, without regard to the range of action of drugs, is the proper thing upon which to build a comprehensive therapeutics. I do not believe that I could learn to become a proficient prescriber from symptoms alone, hence what I know of drugs has been learned with the idea in view that one should ascertain the tissue involved first, and then the group of drugs acting upon these tissues. This is not always possible and finally we may be obliged to prescribe more or less empirically from the symptoms presented. In this event the Homœopath is better fortified than one who does not know the aim of our Materia Medica.

It has always seemed to me that a grave error

was committed by authors of materia medica when they did not indicate more clearly the potency best suited to the conditions presented to the physician. To my way of thinking the remedy often gets the credit for doing great things when, as a matter of fact, it played no part whatever in the cure. Another physician prescribing for a similar condition gives an entirely different remedy and the case proceeds just as well or better than it did under the first prescription. Again, a patient presents himself, let us say, with all the symptoms indicating Aconite, yet who of us would fail to inquire what the child had been eating or what might be the cause of the indisposition. If, perchance, it were found that the child's illness was due to an overloaded stomach or to some food poison in the intestines, who of us would hesitate to clear out the stomach and bowel, and having determined to do that, what would be the difference whether we cleared the bowel with an enema or gave a laxative by the mouth and thereby get rid of the offending mass as quickly as possible? Giving Aconite to such a case would be a mistake unless we employed the other means because the other means are the rational ones and the ones which will produce results more quickly. Aconite given to the patient without the employment of other means might help, but it would not be the rational thing to do and besides it would subject the physician to criticism which he ought to avoid.

In looking over my medicine case I find several bottles which are empty more frequently than any of the rest. These constitute the ones most used at the bedside, where we are meeting the acute troubles of our community. Aconite, Bryonia, Belladonna, Arsenicum, Gelsemium, Chamomilla, Cantharis, Colocynthis, Camphor, Cinnamon, Arnica, China, Echinacea, Drosera, Ipecacuanha, Iodine, Nux, Mercurius corrosivus, Mercurius iodide, Hydrastis, Passiflora, Colchicine, Pulsatilla, Sabina, Helonius, Tartar emetic, Chelidonium, etc. Aconite, Arnica, Belladonna and Bryonia constitute a quartette which any one may well be proud of. They are all reliable and render a good account of themselves. Aconite is indicated in many of our acute troubles, as we all know, and is often given in transitory fevers which are soon ended. I have frequently given it continuously in the 2x or 3x all the way through in mild typhoid and while I do not consider it necessarily indicated in these conditions it helps to meet one requirement which is very essential to the success and comfort of these cases, *i. e.*, it serves to keep the skin active and thereby aids elimination.

In acute facial neuralgia it is almost specific, given freely in the tincture, ten drops to a half a glass of water, repeated often. If the case has existed for some time, however, Belladonna, Arsenicum or Magnesia phosphorica are more frequently indicated. Belladonna has always been a reliable remedy when given according to the indications as laid down in our Materia Medica. Arnica is not appreciated by us all to the extent it should be. It has been of great service to me many times in cases which possessed the characteristic bruised feeling over the body. This bruised feeling should be differentiated from the muscular soreness of Bryonia, the soreness of which is aggravated by motion. Arnica is also indicated in certain nervous conditions, which are the result of severe mental exertion or overwork. The symptom that "the bed seems too hard" I have found to be reliable.

No remedy in our Materia Medica gives a better account of itself than Bryonia when indicated. In pneumonia, where the process is near the surface, and we have the pleuritic stitching pains, it supersedes all others. Hughes calls it truly homœopathic in pneumonia for the second and third stages, where there is a short, dry cough, with little or no secretion. I have given it in all stages of pneumonia, where there seemed to be no secretion with short, dry cough, and with a dry tongue, coated white.

I have frequently prescribed Bryonia for disturbances of the peritoneum, where we have the characteristic stitching pains aggravated by motion and usually with good results. I almost always use the 3x.

Arsenicum has always been a sovereign remedy and, as we know, is often called for because it affects every tissue of the body and can be given for almost anything, but we should not wait for the restlessness always ascribed to it. There are other symptoms which long precede restlessness which should guide us in its selection, namely, the thirst for small quantities of water, dry tongue, yellowish-white and trembling when protruded. These symptoms, together with a general diagnosis as to the tissue involved and the nature of the infection, should be helpful in guiding us to its selection.

The masterful comparison, by Carroll Dunham, of Arsenicum, Eupatorium perfoliatum, Rhus toxicodendron and Phosphoric acidum in typhoid fever, is one of the gems of our literature. It is one which has guided me in the selection of these remedies in typhoid fever and I consider it worth a frequent review by anyone who wishes to make a distinction among these remedies.

In old anæmic conditions Fowler's Solution, in three drop doses, has given me better results than the dilution. For most conditions the 3x or above are the best.

Gelsemium, with Dewey's three D's, namely, dullness, dizziness and drowsiness, is one of our most reliable remedies. It has been frequently and truly said that Gelsemium occupies a position somewhere between Aconite and Belladonna. This is true, but it is more frequently indicated, in my experience, than either. I find the bottle

in my case has to be refilled as often as any other. It corresponds often to our local fevers. In colds, with beginning discharge changing from watery to a heavier than watery discharge, with dull frontal headache and general malaise, it has often been of great service. In the first and second weeks of typhoid fever or other continued fevers, where the patient is dull, tongue covered with a short, yellow "fur" and not much thirst and little or no delirium, it has been of great service to me. In many cases of acute nervous disorders it has proven very useful and in meningeal troubles which are not tubercular, and especially in meningitis of the cord, it has done good work for me.

Chamomilla and Colocynth are too well known to need even a single comment.

Cantharis has been a most useful remedy in the experience of the writer. Its use in its characteristic strangury goes without comment, but there are other uses which far excel that. I refer to chronic nephritis, where we have tube casts and beginning œdema. It has served me better than any other remedy in increasing the flow of urine. It will not carry away large dropsical effusions. When these exist other means are required such as will produce watery stools, stimulating the skin, etc. It will ward off these conditions better than any other homœopathic remedy with which I am acquainted. I have a case in charge now which has been œdematous for five years and in which Elaterium, Hydrogoggin, Apocynum, and others have been given and which produced temporary relief, but Cantharis has done more to produce a marked increase in the flow of urine and has kept the œdema from increasing the flow of urine for a longer time than any of the aforementioned remedies. The 2x, twenty drops in half a glass of water, always produces a marked effect within twenty-four hours.

The tincture of Cinnamon is a remedy which has proven its efficacy very frequently in arresting uterine hæmorrhage. Given in the tincture in doses up to fifteen drops it is almost a specific in uterine hæmorrhage, due to relaxed uterine muscle. The flow is bright, profuse, and free from pain except possibly a backache. It is of no use except in acute hæmorrhage and should not be administered in abortion. It vies with Sabina in hæmorrhage.

Sabina 2x has frequently produced good effect where the pain is in the back, extending through the pelvis to the front.

Echinacea is a remedy of great value, used in doses up to twenty drops, of the tincture. I have seen it render great service in puerperal sepsis, where, I believe, it was the great instrument in saving the life of the patient. Of course, it was used in conjunction with antiseptics locally applied. It is not homœopathic and I know of no characteristic symptoms. Its use is entirely empirical.

Drosera cures a majority of the coughs in my practice, which have hard paroxysms at intervals. It is not necessary to think of Drosera in pertussis only. That is treating a name and not the patient, the very thing which we have so often decried in our opponents. Tincture Drosera, thirty drops; Glycerine, four drams; water, qs., four ounces, is my favorite cough syrup and one which has a good reputation among my patients.

Iodine is to me one of our most valuable remedies. It is almost specific in catarrhal croup. In fact, it does the work so well that my patrons, who have croupy children, keep it on hand. It does the best in the first or second x on disks, repeated often. I have relieved and cured more cases of chronic asthma with drop doses of the Tincture of Iodine than with all other remedies combined. I prescribe it thirty drops in four ounces of water, put up in a bottle so that the Iodine will not evaporate. Repeat every two or three hours. It is to be given over a long period, then suspend for a time and continue again for a period of several months. I have a patient now who has had asthma for ten or twelve years and whose chest had become deformed in consequence of the attack. She had been under treatment from several physicians before commencing this remedy. She has not had a severe attack in two years, although she continues to work among fabrics which give off much lint and dust. In pneumonia, due to mixed infection, during the second and third stages, it is the best remedy which I have ever given, prescribed in the method set forth above. In old people it acts finely. I would not know how to get along without it. This is not new; it is old. Kafka lauded it in laryngitis and pneumonia long before our time.

Hydrastis is a remedy which is reliable. Hydrastis muriate 2x has been the single remedy in stomach disorders in the category. Loss of appetite, some gas, tongue coated yellowish, bowels sluggish, pain after eating, as from ulcer, all of these have been relieved. It has saved an operation for the symptoms of ulcer several times in cases which came with that prognosis. It has a stimulating effect upon striated muscle from which it gained its early reputation as a tonic. As an injection in gonorrhœa it is one of the best. It is doubtful, indeed, whether any preparation is the equal of the fluid, non-alcoholic, although the colorless is good.

We should not pass Hepar sulphur without a compliment to its worth. Not going into detail, we might say that its characteristics are often verified. There is one condition in which it has often proven of great value, namely, in atony of the bladder, the urine drops vertically down and is obliged to wait awhile before any passes."

This condition, which is exactly the opposite of Sulphur, has often been relieved by Hepar 3x.

I do not know anything new about Nux, Ipecacuanha, Phosphorius or Tartar emetic.

Colchicine is the better preparation of Colchicum. One grain of Merck's in one ounce of alcohol is the preparation which I prefer. Twenty drops of this solution in four ounces of water, given every half hour until the bowels are disturbed, is a very reliable prescription in acute articular rheumatism. We do not need to wait for characteristics. The fellow with the swollen joints is picture enough for us to work upon. He will not get well any too soon anyway.

Of the Mercuries the Biniodide is, perhaps, the one most frequently called for. Before the days of anti-toxins, during an epidemic of malignant diphtheria in which no cases were saved for several months, it later saved more cases than anything and gave to the writer the lowest death rate in the community, a death rate so low that it has not been reduced since the days of anti-toxins. It was given in the 2x triturate tablets and pushed to the point of beginning salivation. It is the remedy of first choice in various kinds of sore throat in which there is multiple glandular involvement about the neck. Of the other Mercuries, Mercurius corrosivus is the one next most frequently used in my practice, but since we all irrigate the bowels in diarrhœa its tenesmus is not so frequently seen as formerly. In fact, I have not seen a case of bloody dysentery in many years. In syphilis Mercurius biniodide 2x has done more for me than all others. It is given with now and then an interruption for two years. Given in this way cases which take good care of themselves almost never cause any further disturbance.

Passiflora has not been proven, to my knowledge, but its universal use merits notice. It is of such great value in nervous conditions and so often brings result that we almost always give it in acute nervous storms. It can be given in any dose, but fifteen or twenty drops of the tincture answers every purpose. In passive hyperæmia of the brain with insomnia it has been very useful, having many points of advantage over a great many hypnotics on the market. Its action is not followed by any untoward symptoms. The patient rises refreshed and is not conscious of any ill effects from it.

We too often think of Pulsatilla as a female remedy. Sex has little to do with it. There are certain characteristics which are associated with the female, of course, but its action upon the stomach has no special relation to sex. There are two or three conditions which deserve special attention. In suppression of the menses not due to constitutional diseases it is the remedy of first importance. It has often proven its efficacy. If the patient be anæmic some other remedy, such as Ferrum, will be required. In orchitis from suppressed gonorrhœa it is the best remedy. It has always been given by me in this condition in the tincture in doses of from one to five drops and it rarely fails to bring results. In varicose veins it is often indicated, provided they are upon the thigh, but not upon the leg. Our materia medicas make this distinction and it is true. Hamamelis applies to the whole limb.

Saw Palmetto is a remedy which has great value in a limited way. In men whose prostates are disturbing them, and especially such cases as have a feeling as of a lump in the rectum, together with nervousness, or with nervousness alone, resulting from over-use or abuse of these organs, Saw palmetto, five drops of the tincture, has been of great benefit. Avena sativa is another remedy of great value in nervousness without the prostatic complication when arising from the same cause.

Terebinth is a remedy which many a Homœopath looks askance at because it is so common and because our opponents use it so freely, and furthermore they are afraid of it. IIt is not to be feared when understood. If it is to be given for hæmorrhage from the kidney it should be given well diluted, 3x or 4x, but in acute abdominal troubles, such as typhoid fever. With marked distention or distention after abdominal operations it should be given in doses of from three to six drops of the tincture, two or three times per day. It has a decidedly beneficial action often manifested after two or three doses. There need be no fear of aggravation from it unless long continued. The distention which it relieves is not to be confused with that present in the intestinal stasis of the aged. I know of no remedy which meets this latter condition like liberal doses of refined hydrocarbon oil. It is non-medicinal and produces fine results when given in half-ounce doses morning and evening. I know of no remedy more maligned than Sulphur. The old teaching which was to the effect that when you don't know what to do, give Sulphur, go home and study the case, is erroneous. Why not save the Sulphur and give Placebo and let nature develop the case and be honest with Sulphur. Sulphur, homœopathically, is almost never indicated in acute troubles, at least I have not found it so.

The remedies referred to so far constitute about ninety-five per cent. of those used in acute diseases, but they constitute only a small percentage of those used in office work. Time forbids us from going into a detailed account of all of these, but with your indulgence I shall mention a few of them. Before doing so I desire to say that the higher potencies have given me the best results in chronic conditions.

First and foremost I desire to pay my respects to Calcarea carbonica and Calcarea phosphorica. These two standbys have set more children right and got them on the way to adult life than any

remedies within the range of my knowledge. They are true to their indications. Times without number I have seen them do their work and just now while there is such agitation in certain quarters over the value of milk diet for tuberculosis its most enthusiastic supporters claim that it is the phosphate of lime in the milk which does the work. A regular physician in our city, who makes a specialty of lung diseases, pins his faith to the phosphate of lime. This is not new to the adherents of Homœopathy, who have demonstrated its value for so many years that it scarcely creates enthusiasm among them when mentioned. With the use of Calcarea iodide and Baryta iodide in tuberculous glands of the neck, taken early before caseation, I have never known one to go on to operation if they had six months' treatment. Given high and low, they do work.

Kali phosphoricum, 6x has been a great help in neurasthenia. The other Kalis are all reliable when given according to their indications and they are great tissue foods.

I should like to call especial attention to Silicea. It has done some great work for me. Permit me to recite a case. Mr. B. had pain in the dorsal region. It was not relieved. He went to Chicago and lay paralyzed in a homœopathic hospital six months and returned home in that condition. Both lower extremities were useless. By this time the one dorsal vertebra began to tilt, showing caries had taken place. I gave him Silicea 6x for one year. During that time an abscess was evacuated with great benefit, of course. No more formed and he got well and strong under the treatment and I might add that he paid the bill in cordwood, which he hauled and corded himself. I have seen it do other things equally remarkable. It has frequently cured chronic discharges from the ear for me and I have observed its beneficial action in several necrosed bones. It is altogether a most valuable remedy.

Burnett has placed before us several valuable remedies. He emphasized the value of Cholesterine as an hepatic remedy. Cholesterine is a constituent of all proteid matter and exists abundantly in the human body. In chronic hepatic troubles it has done some great work. Only one year ago I saw a lady in consultation bronzed from jaundice. I advised operative interference to relieve her of stone in the common duct, which was rejected, whereupon I advised the attendant to put her upon Cholesterine 2x trituration, and Carduus tincture, ten drop doses each, three times per day. At the end of two months she had cleared up, recovered her health, took on weight and has been well ever since.

Several years ago I saw, in consultation, a lady past fifty, who was suffering from hepatic disturbance. The liver was plainly enlarged and nodular. She had been a great beer drinker and the diagnosis of cirrhosis seemed certain, but, owing to the coarseness of the nodules and the general condition of the patient, I was led to believe that it was of the ascending type with a possible incomplete obstruction of the ducts. Two or three months' treatment with Cholesterine 2x and Carduus tincture, ten drops each, three times per day, cleared up the case and she remained well so long as I knew her, a period of six or seven years.

There are many other remedies, such as Cannabis sativa, Chelidonium, Helonias, Fraxinus, which come into use every day, but time forbids even a fragmentary discussion of them. The live, up-to-the-minute Homœopath does not need to apologize for his results. What one of us would exchange his treatment for that of the enthusiast over the new, untried remedies? Our death rate in diphtheria, typhoid fever, pneumonia, and the other grave, acute diseases is still lower than that of any other. In pneumonia our death rate is not over eight per cent. In the annual report of Cook County Hospital for the year 1912 the death rate from pneumonia under vaccine treatment was 32 per cent., and under the treatment of regular medicine was 45 per cent. What one of us would exchange our therapy for that? I do not decry the attempt of the profession to improve therapeutics and I stand ready to adopt that which stands the test of clinical work at the bedside, but I am not ready to discard the remedies which have always produced for me results in advance of those shown by others

"All that pertains to the great field of medical learning is ours by tradition, by inheritance, by right."

EASE THE ACCURSED HOUR.

BY W. W. OSGOOD, M. D., MUSKOGEE, OKLA.

LIFE at the best is full of trials, pains and complexities. The student and philosopher should be one to seek out the solution, ease, comfort is largely ours if the law of Similimum and common sense is adhered to.

Because woman fell in the Garden, and received the promised punishment of pain in trevail, does not affirm the assertion that nothing can be done to mitigate the ordinary suffering which is witnessed by those cases that proceed unattended.

Definite medicine, proper hygiene and dietetics, with a due consideration in rest of the reproductive organs, especially as far as venera and bad mental activities, will ameliorate, besides relieving seventy per cent. of the otherwise suffering.

Some one has said that "to produce a normal child of the greatest efficiency you should begin in the third generation before its birth." Be this as it may, very respectable examples of efficiency can be had with due care of the producing generation, as examples of mis-steps, who spend the lying-in period by themselves, and as

is observed in women that live close to nature, coupled with all of the means at hand in hygiene, medicine and higher living.

To begin with, it should be made clear that the reproductive organs were made first for propagation, that the prostitution prevalent in this age not only degenerates, but so hampers nature that her remonstrance is in abnormalities and added suffering, so much so the very idea of production has become a veritable nightmare to thousands of otherwise healthy and normal women. Thus just a word to the sensible and progressing expectant parents removes the first great cause of the suffering experienced during the days and weeks of happy anticipation.

Due attention to a fruit diet, using a minimum amount of meats, with plenty of vegetables and grains, hardened into healthy tissue by a plentiful exercise, will so transform the expectant mother that she will become the envy of her weaker sisters, and to the few who are the heirs of constitutional troubles give an opportunity for treatment that will yield health giving results never surpassed.

If we should expect the least suffering and greatest joy in the years of production few conditions are essential, as a desire and love for children, a happy home, environments conducive to contentment and ample occupation for both hand and mind should be had, but as these are frequently missing, or a part at least, we should introduce them at once, and thus overcome the handicap at an early period. With this foundation any expectant mother can be assured, who is otherwise normal, that she can approach the trying hour without apprehension.

Our first chance comes with the appearing of the much dreaded "morning sickness," which is caused by contracted or irritated cervix—indicating mild dilatation, sexual intemperance—needing rest, excess of acetones—in which alkalinization will correct, and a proper regulation of diet with an occasional introduction of some form of pepsin to temporary aid digestion. Once in a while a retroversion and hypertrophied uterus will require a temporary tamponing to lift it out of the pelvis and relieve the pressure on the sympathetic and lumbar nerves.

In sensitive, neuralgic subjects, pains and uneasiness caused from pressure are relieved with supports, attaining a regular deification giving the indicated remedy as Bellis perenis, Macrotys, Caulophyllum and other similar remedies upon indication.

This will bring the usual case up to one month of delivery, when I begin to give them two drops of Macrotys, night and morning, until the beginning of delivery if no other remedy is indicated.

When first called to a woman in trevail after having ascertained the position of the presenting delivery, I administer two doses of Jaborandi tincture in fifteen drops each that minimize pain, expedites dilatation, increases excretion, which, collectivel, have almost made the use of instruments superfluous.

I may not always deliver my patient as soon as some of my colleagues do with instruments, but lacerations and injury to the parts are prevented, and, in comparison to unassisted cases, mine pass through the trying hours with less than one-half of the suffering or duration otherwise occasioned.

I do not believe in meddlesome treatment during convalescence, other than to keep the patient clean externally. Some believe in the internal ablutions, but in my experience I find that nature has well provided for her needs and let alone will return to the normal quicker and more gently than with assistance.

SYPHILIS OF THE NERVOUS SYSTEM.*

BY DALE M. KING, M. D., DETROIT, MICH.

THERE is probably no field in medicine where a single etiological factor may give rise to so many dissimilar clinical manifestations as in syphilis of the nervous system and it is only recently that cerebro-spinal syphilis, tabes, progressive paralysis and syphilitic endarteritis have been classed under one head irrespective of their different clinical expressions.

In reaching a diagnosis the clinical findings of the laboratory have been of great aid. The features of this may be divided into (1) search for the parasites, (2) Wassermann reaction of the blood and cerebro-spinal fluid, (3) cystological and chemical examination of the cerebro-spinal fluid.

It would seem, after careful consideration, that the cystological examination of the cerebro-spinal fluid opens a field of greater promise than do the others.

A normal cerebro-spinal fluid is clear, has a specific gravity of 1006, is slightly alkaline, and is practically free from cellular constituents, 1-5 lymphocytes per c.mm. In tabes, general paresis, and cerebro-spinal syphilis the lymphocytes may run up into the hundreds. It has been held by some that the specific difference in the number of cells differentiate between paresis, tabes, and cerebro-spinal syphilis, but it seems only reasonable to suppose that the number of cells depend entirely upon the activity of the process and has no relation whatever to its kind. Not only that, but does it hold any different relation to other specific organisms? The lymphocytes are known to be increased in tubercular meningitis, cerebro-spinal meningitis, leprosy, and trichinosis.

As there is no direct communication between the general circulation and the subarachnoid space, the cerebro-spinal fluid has not been as well protected, automatically, from invading

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*Read before the Detroit Practitioners' Society, March, '14.

parasites as are more exposed regions, and the lymphocytosis that we find in these various invasions is its fighting front, and varies with many circumstances and conditions which I do not believe any of us understand.

We will leave this subject for the present and review the accepted treatments for syphilis of the nervous system, and this leads one into so many contradictory views held by men of reputed authority that a confession of uncertainty must be acknowledged.

It is too early in the history of Salvarsan (approximately three years), Neosalvarsan, and auto Serosalvarsan to claim a cure when we know that the spirochæta pallida may remain in the body of its host for twenty or thirty years without showing any clinical evidence of its presence, and that it may, after such a period, produce tabes, paresis, and serious diseases of the blood vessels.

At present we speak of a cure when the skin, mucous membranes, and viscera give no clinical manifestations; when the serum no longer shows Wassermann reaction, and the spinal fluid shows no alterations. Yet with all this we must admit that there is a time period which has not yet been determined.

The most serious of the organic diseases of the nervous system are syphilitic; myelitis and cerebral and spinal endarteritis may occur during the first month after infection, while tabes and general paresis often display their first symptoms within five years and we must not forget that a negative Wasserman reaction does not necessarily exclude syphilis.

Probably the most popular treatment by the majority of the profession today is the old one of Mercury by the mouth for a year, mixed treatment for a year and after that the iodides alone. This is probably due to the lack of hospital vesitities for some; the technique involved in intravenous injections, the pain associated with intramuscular injections and the reserve most physicians hold in adopting new methods until they have thoroughly proven their worth.

Mercury has little or no effect upon the symptoms of tabes and paresis, but many reports indicate a more favorable action by Salvarsan. It frequently has a favorable influence over lightening pains, genito-urinary symptoms and gastric crises. Yet examinations of the cerebro-spinal fluid, after injections, failed to show any trace of Arsenic, this canal being one of the "dead corners" (Ehrlich) to which the remedy does not penetrate, so investigators injected Salvarsan and Neosalvarsan directly into the subarachnoid space and found that even a weak solution was too irritating to warant its use. Next they gave intra-spinal injections of the patient's own blood-serum, which had been withdrawn one hour after an intra-venous injection of Salvarsan. About eight or ten treatments are given, one every second week, controlling the results by Wassermann tests of the blood and spinal fluid and by cell and protein estimations. There has been marked improvement in the syphilitic inflammatory process, as indicated by the reactions, and the clinical manifestations are also modified in most cases.

Undoubtedly Salvarsan acts favorably upon syphilis in all of its stages and further experience with the drug will better equip us in its use and remove many doubts and much discord that prevails today.

We will know better when a large dose should be administered and whether it should be followed by smaller doses intra-venously or intramuscularly and at what intervals. We will know when a mixed treatment should be instituted and how it should be conducted.

Ehrlich has not changed his stand as to Salvarsan's safety and potency. In his paper before the Medical Congress, at London, last August, he took up for discussion the assertion made by many investigators that in the test tube Salvarsan had no influence upon the spirochæte. While this is true, he maintains that it should not be accepted as indicating that Salvarsan has no direct effect upon the spirochæte, for if a mixture of a spirochæte and Salvarsan be injected no infection results. Ehrlich thinks that this phenomenon is due to the fact that Salvarsan exerts a weakening action upon the parasite and the natural protective forces of the body are able to overcome it. In reference to the febrile reaction Ehrlich thought it depended upon technical errors, or, in the florid stage of the disease, it might follow the destruction of immense hordes of spirochætes. He mentions Addison's disease and status lymphaticus as absolutely barring the use of the drug.

Finger believes that Mercury and Salvarsan, in the great dilution in which they exist in the body, probably do not exert a parasitical action on the spirochæte, but more likely have an indirect influence in that they exite the formation of protective agencies resident in the body itself, or favorably influence them.

In a review of advances in therapeutics, Eason (Edinburgh Med. Jour.), discusses the manner in which Mercury probably acts when applied in the treatment of syphilis. According to Blumenthal the liver appears to play an important part in the action of Mercury. He believes this is secondary to the mobilization in the liver of protective substances, which form with the Mercury the specific Mercurial combination.

In these views he is supported by Schrauth and Schöller. In further support of his views Blumenthal adduces the fact that all Mercurial combinations hitherto found active in the treatment of syphilis are fixed in the liver, while those which are not fixed have no such therapeutic value. Accordingly, the efficient treatment of syphilis by Mercury must depend on the efficiency of the liver reaction.

When the bactericidal action is an indirect one, as in the case of Mercury, it is not surprising that animal experiments frequently give results which do not harmonize with clinical experience, and this is equally true whether the indirect action is due to the formation of a specific combination of the metal or to the production of protective substances.

Such processes will vary in different species of animals in rapidity and degree, and these variations in responses determine the effectiveness of the chemical substances employed.

With such indirectly acting substances similar variations, usually within narrower limits, will also be found in individuals of the same species. The capacity of the organism to react for the formation of healing substances is of vital importance. It is thus intelligible that in apparently analogous cases strikingly favorable and unfavorable results may be obtained, depending upon the presence or abscence of sufficient reaction.

The favorable action which we get from the iodides, especially in the tertiary stages of syphilis, is perhaps best explained by A. Rendle Short in a chapter on the thyroid and parathyroid glands. He believes that by giving iodides the secretion of the thyroid is increased and it is this secretion which has such a good effect upon gummata, arteriosclerosis and anuerism.

To support this theory he quotes the following facts: In the first place, in cases of myxœdema, arteriosclerosis is early and intense. The same is true in animals after removal of the thyroid. Eiselsberg gives a number of very convincing photographs of intense atheroma of the aorta in his Cretin lambs in which the thyroid has been removed in early life. In the second place, thyroid extract has a wonderful power over young connective tissues, as is seen by the way in which it absorbs the subcutaneous thickening of myxœdema and cretinism.

When I spoke of the promising field offered by the examination of the cerebro-spinal fluids I had no idea that my subject would become so involved, yet I will take time to say that it is, at least, intersting to know that nature has placed in her defense, in the most inaccessible part of the body, the subarachnoid space, a small number of the small lymphocyte which has greater power of resistance than any other variety of leucocyte. Here, as elsewhere, her plan is economy and efficiency.

Syphilis is a systemic infection. When the infecting organism finds a favorable medium they multiply rapidly and the disease is acute. Should they encounter unfavorable conditions, or the body cells are less sensitive, the disease is chronic. And right here it may be well to state that the old theory of syphilitic immunity, as established by Ricord, has been upset. The advent of Salvarsan has brought reports of numerous reinfections, which before were very rare, showing that it, alone or associated with other antisyphilitic remedies, often obtains complete recoveries. So most writers claim that immunity is due to two facts combined; first, a saturated condition of the system with spirochætes and their toxins; second, sufficient antibodies to counteract the poisonous influence of the virus. Immunity does not exist and a child born is either healthy or infected. Yet we know of some cases of syphilis that were self limited without specific treatment, and while this may be questioned, no one doubts that congenital syphilis may be imperfectly developed or remain latent for years. With these facts in view it must be admtited that the body cells vary under circumstances, which we do not yet understand, in their resistance to syphilis.

To my mind it is only a matter of a short time when immunity to syphilis will be produced much in the same manner as we are guarded against small-pox. We will look more to the production, in a physiological manner, of cell resistance through a change in its ferments, than to a cure of the disease by loading the blood stream with Salvarsan, Mercury and the Iodides.

In making this statement I do not overlook the fact that parenchymatous syphilis most often follows an infection where the secondary symptoms (eruptions, mucous patches, sore throat and falling hair) are lacking,—what we might term a mild syphilis. Nor have I forgotten that it is common for both husband and wife to suffer from tabes, and that one source of infection may produce no other manifestation than paresis in those who have been exposed. It might be supposed, in consequence of these findings, that the same germs may acquire qualifications that predispose to certain lesions, or that there are different forms of the spirochæte which, as yet, we have not been able to recognize.

It is often difficult, sometimes impossible, to separate the clinical symptoms of syphilis of the membranes and vessels from those of paresis and tabes. When Mercury, the Iodides and Salvarsan have a favorable influence the inference should be that we are not dealing with true tabes or paresis.

In closing I will say that in my own work I have been far more conservative than this paper would indicate, and the results obtained will hold me to the present line of treatment until assured better and safer methods.

We must treat syphilis as an acute or a chronic invasion depending entirely upon the clinical manifestations and laboratory findings. In either case the patient gives us the idea of lassitude and apathy; the sclera is yellow; the arteries and veins are full of dark blood showing deficient oxidation and glandular congestion, and that metabolism is impeded; the perspiration is sticky, and, like the breath, has a bad odor. It is a picture of marked intoxication. When

the attack is acute I believe in active antisyphilitic treatment, but not, as a rule, when it is chronic.

Let us compare the syphilitic body to a city in a stage of siege. In good management, the first requisite would be a general hygiene that the defenders be kept in an excellent state of health. When the besieging force is aggressively active its attacks must be met by force and here I believe intensive medication up to a certain point is indicated. This does not mean the explosion of a ton of dynamite at the portals of the city just to slaughter a few indifferent scouts. That very back-fire may encourage the enemy and waken the city's defense.

When the besiegers have become discouraged, owing to the excellent defense offered, and lie weary and exhausted in the trenches; when the inhabitants go on peacefully and happily in their daily occupation with no opponent inconvenience or discomfort, does it not seem a little ridiculous to toss a bomb in the camp of the enemy just to start something, especially when the outcome is so uncertain?

Intensive medication in some cases of latent syphilis, and parasyphilitic conditions, so activates the parasites as to result disastrously to their host. Yet we must remember that an apparently inactive enemy may have an offensive division which continues to make insidious attacks upon the city. Without an implied sense of humor let us say they assail the water-works, or make serious inroads upon the food supply. Such a state of affairs, lasting for any length of time, must eventually affect the health of the whole city, so it would be unwise to procrastinate and allow these modest attacks of the enemy to go unchallenged.

It is only a matter of time when we will recognize these different conditions more clearly and combat them more successfully. We will be better generals.

Veratrum viride.

Veratrum viride is a very important drug in the treatment of convulsions due to the toxemia of pregnancy. It acts best when given in large doses at frequent intervals. It may be administered either by hypodermic injection or by the mouth, but the former method is preferable because of a better and more prompt action. Veratrum viride lowers the pulse rate by direct action on the muscle and by stimulating the inhibitory nerves of the heart. It is said by Wood to be the safest of all cardiac depressants. It should always be given until its physiological action is produced, viz., slowing of the pulse. When this has been accomplished the convulsions will have ceased.—*R. E. Coughlin, M. D., Med. Record,* 1913.

PIPER NIGRUM (BLACK PEPPER).

BY BERTRAM JOHNSON, M. D., AVANT, OKLA.

THE first and only reliable proving of this remedy was made by the students of Hering Medical College, Chicago, during the winter of 1905-6. It was conducted under the supervision of Dr. E. A. Taylor, Professor of Materia Medica. The medicine was furnished by Boericke & Tafel in the 3x, 6x and 30x potencies.

Although Piper nigrum has been used clinically before with often good results, chiefly on the symptom, "craving for pepper," "makes the food black with it," this indication was not brought out in the proving.

Piper nigrum is a deep seated, long acting remedy. Several of the provers didn't develop their most profound symptoms until four or five months after ceasing to take the medicine, and some are suffering to this day from its effects.

Piper nigrum is a remedy affecting many parts of the body. Beginning in systematic order from above downward, we find with the mind, at four P. M., a feeling of apprehension and dread which cannot be shaken off; this becomes a profound mental depression at five P. M., lasting until seven. There is great sadness and despondency; drowsiness and indifference with loss of concentration. Then there is an intense headache, long lasting, violent around left eye and temple, worse from noise or jar; better from intense heat, hard pressure and while eating.

Another head symptom is a feeling as if some little bodies were running through the blood vessels of the scalp, and tangled, knotted hair coming out on combing. Also we find earache of left ear with pain extending to left side of throat.

Sneezing and coryza, severe in the morning; hard crusts in the nose, which bleed profusely on picking; frequent epistaxis from picking the nose while asleep; tenacious mucus dropping from the posterior nares into throat only in the open air, are all found under this remedy.

Under mouth and throat symptoms are lips dry and cracked, he licks them; the tongue is large and flabby, showing imprint of teeth and two long fissures on either side of median line; the throat feels raw and sore with a tickling causing cough without relief and no expectoration.

One of the most marked symptoms, and one not appearing until several months after cesation of remedy, was an acute cardiac dilatation, with fainting on least exertion. Early in the proving was noticed violent palpitation and a throbbing or pulsation so marked that they could not lie on left side at night on account of the pulsating noise in ear and the force with which the heart seemed to strike the bed. There had been, also, cardiac pain, very localized, and heart pulsations so forceable as to be felt in all parts of the body. At other times, there had been a slow

intermittent pulse, a momentary cessation of heart action, causing great anxiety and fear.

Let us now consider the stomach. Here there are several peculiar indications. For instance, at meal time she feels as though she had just eaten a hearty meal, but on beginning to eat, her appetite returns. Again, is nausea, which is relieved by eating and nausea with feeling of faintness from eight to nine A. M.; begins to feel better with first mouthful of food.

Morning diarrhœa with pain on beginning to move, also diarrhœa afternoons with a feeling of constriction after stool are indications for this remedy.

Coming now to the sexual organs, with the male, there are nightly emissions with or without dreams. With the female, we get scanty menses, the periods coming seventeen days apart. There is a menstrual pain extending from uterus down anterior of thighs; a heavy feeling in the pelvis, with pain extending down anterior thighs.

In the limbs are dull aching pains going down from shoulder to hands and finger tips, worse in right arm. In the lower extremity is a marked pain in the left knee, worse from motion and decidedly worse while going down stairs.

On the skin, we have acne of face and a hive-like eruption on any or all parts of the body, with itching and stinging worse on going to bed or getting up, for the most part absent during the day unless thinking about it when the itching and sting retur.

Oftentimes during the headache in early afternoon is fever, followed by a chill at three P. M. and by fever and chill again at eight.

The patient feels generally better while out of doors keeping quiet or while eating.

Many other minor indications might be mentioned of Piper nigrum, but the major ones alone are difficult enough to remember. As an aid to this and by way of review, let us briefly reiterate what may be termed the "Keynotes" of this remedy:

1st. Profound mental depression at 5 P. M.

2d. Violent, left sided headache > by intense heat, hard pressure and while eating.

3d. A feeling of fullness at meal time, > by eating.

4th. Nausea with faintness, > by eating.

5th. Heavy feeling in pelvis with menstrual pains extending down anterior of thighs.

6th. Pain in left knee, < going down stairs.

7th. Acute cardiac dilatation with fainting, and violent heart beats felt all through body.

8th. Hive-like eruption with itching and stinging on going to bed or getting up—disappearing in daytime unless thinking about it. (Oklahoma, Ind.)

PUZZLING CASES.

BY DR. F. W. HAMMOND, LAWTON, OKLA.

I COULD have chosen some stereotyped subject with high sounding scientific name, and have given you a very scientific discussion of it by copying some one or two text-books verbatim, but that kind of paper does not appeal to me.

I have a good many puzzling cases that I can't find very much of a description for in the text-books, so I thought possibly I could give you something practical by relating some few cases that have occurred in my practice that have been somewhat interesting to me and one or two of them especially so at the time they were transpiring.

My first case is one of premature rupture of the membranes with escape of the amniotic fluid. I have only had two such cases in my practice. The first one occurred in my first year's practice. This case went just one week from the rupture of the membranes to the delivery of the child. This was a face presentation.

My second case occurred this past summer. Patient aged 36, mother of two children, seventeen and fifteen years of age, with a history of several miscarriages with profuse hæmorrhage in one instance. Patient is subject to sick headaches and obstinate constipation.

Probably has an old endometritis, but as I have never made an examination previous to confinement nor since could not state positively.

On June 6th was called, saying, patient was in labor. Patient said the water had been coming away for several days. I made an examination, found the os open enough to admit two fingers, normal presentation with no membrane or fluid between the head and my fingers. Pains were coming at regular ten minute intervals. I waited an hour or so and the pains subsided. The patient living in a close call to my residence, I left, with instructions to call me when I was needed. Patient was instructed to stay in bed. The next day there were some few, irregular pains and I made several calls. On the third day pains started again and kept up all day at intervals. I decided, at one o'clock, to try and induce labor by the use of Pituitrin. I gave one ampoule hypodermically, which produced good contractions in about five minutes, which lasted for about an hour. I gave another dose then with the same results. I gave, in all, five ampoules, from one to five o'clock. Each new injection increased the contractions for awhile, but there was no permanent good or increase in the dilatation.

I also used, during the day, several five grain doses of Quinine without beneficial results.

I was called at midnight again, but pains quit and went back home in about an hour.

I made calls on the fourth, fifth, sixth and

seventh days, but there were no pains after the third night.

Patient was in bed a week then wouldn't stay any longer, got up and went about her usual household duties, even doing some washing.

I was not called again until 2:30 P. M. of July 24th, forty-eight days after my first call. The patient was really in labor this time and in an hour was delivered of a living girl baby.

There was complete uterine inertia after delivery of the baby and immediately following delivery of the placenta occurred the worst post-partum hæmorrhage I have ever had in my practice.

I immediately used Ergotale, hypodermically, elevated the foot of the bed, applied ice to the abdomen and used bymanual compression of the uterus with one hand in the uterus. The patient was nearly exsanguinated before I could get the uterus to contract.

The patient made an uneventful recovery, never having a use of temperature. She had expected to be confined on the twenty-fourth day of June, but it occurred just one month later.

This case shows the ineffectual use of Pituitrin when it is not indicated. It will not produce premature labor or abortion. It should be used, in my judgment, only after dilatation is fully established and for the control of hæmorrhage following delivery. It acts and acts more rapidly than any other agent I know of. I believe it is our most valuable oxytoxic.

Early escape of the amniotic fluid is often damaging to the child, causing asphyxia, and is exhausing, usually, to the mother, as it prolongs labor and causes a dry birth, which often results in severe damage to the perineum and cervix.

I do not know what caused the post-partum hæmorrhage in this case unless it was the possible endometritis that was probably present, or, more likely, the prolonged relaxation of the uterus due to the early escape of the amniotic fluid.

Premature rupture of the membranes is given very scant mention in any text-book that I have had access to. My next case is one of post-partum hæmorrhage, which was arrested promptly by Pituitrin.

Patient aged 22, mother of twin girls, aged four years. Had a very severe post-partum hæmorrhage at the time of the birth of the twins.

Present labor lasted about six hours and was normal in every way.

Having obtained history of hæmorrhage with previous labor, I prepared for the emergency beforehand if it should occur this time and I loaded my syringe with one c.c. of Pituitrin. After delivery of the after-birth the hæmorrhage became quite free and fearing a repetition of the previous case, I used the Pituitrin, which acted promptly and arrested the hæmorrhage. The patient made an uneventful recovery.

The next case was birth of twins, aided by the use of Pituitrin.

Patient aged 34, mother of eight children, gave birth to twins once previously. This labor was tedious, lasting about twenty-four hours. The first child presented right occiput posterior. Dilatation was very slow. There was very little amniotic fluid in the sac. I had to rupture the membranes. I succeeded in dilating the occiput to the anterior position. The pains were far apart all the time and of very little force or duration. After dilatation had become nearly complete and pains did not increase in force or frequency, I used 1 c.c. of Pituitrin, hypodermically. This was at 4:30 A. M. Pains increased in force and were almost continuous about five minutes after using the Pituitrin and the first baby was born at 4:50. The second baby was presenting feet first. I broke the sac and delivered the baby at 5 A. M. The Pituitrin kept up steady contractions and the placenta was delivered about ten minutes following the birth of the second child.

There was one placenta, two cords with lateral attachments and two sacs. The second sac contained the normal amount of amniotic fluid.

The children were both females, and weighed six and seven pounds.

I made a diagnosis of probable twins before delivery on account of size and conformation of abdomen, but I could elicit but one fœtal heart beat and that was of the one born first. This patient was up and doing her work on the ninth day, but not with my consent nor advice.

My next case is one of puerperal convulsions, post-partum.

Patient aged 19. She consulted me at about the fifth month for a very severe headache. After an examination of the patient and an examination of the urine, which did not show any albumen, but did show indican, I made a diagnosis of autointoxication and treated for it, which relieved the headache. I tried to impress them with the necessity of frequent urinary examinations, but I did not see another specimen until after the convulsions occurred.

In due time I was called and, after a tedious, hard labor of twelve hours' duration, she was delivered of a boy baby, at about 5 P. M. She was conscious at time of delivery, did not complain of headache and pulse did not show any impending trouble. Immediately after baby was born she began to complain of a pain in the head and inability to see. The pulse was 120, but not very full or hard. She kept complaining of her head until she lapsed into an unconscious condition. The pulse remained about 120. I gave her Veratrum viride at this time, in dilution.

About 8 P. M. she could be aroused and seemed to be getting better so I went home. They called me at 11:30, saying she had had a convulsion. She had another one right after I got there.

Pulse, at this time, was 140, full and hard. I gave her twenty drops of specific tincture of Veratrum viride, hypodermically. I repeated this dose at twenty to thirty minutes' intervals until the pulse was reduced to 60 or 70 per minute. I kept up the dose at one or two hour intervals, as necessary, to keep the pulse below 80, during the next two days. I also removed a pint of blood from the median basilic vein. She had three more convulsions during the next two hours or before the pulse was reduced perceptibly.

I had the nurse give high colon irrigations and on the second day I gave one dose of two drops of Croton Oil on the tongue, which produced copious watery stools. I also had the nurse give her hot packs to produce free perspiration. The patient did not regain consciousness for five days after the first convulsion.

The patient made an uneventful recovery and was dismissed on the eleventh day.

These are five cases I have had in the past two years of puerperal convulsions and all have recovered. I believe my success has been due to the use of the Veratrum viride to effect, together with elimination, from all possible sources.

The next is a case of prolonged retention of urine, following delivery.

Patient aged 28, primipara, short, fat, closely built woman. History. Twelve days previous to my first visit had a very severe, prolonged labor, which was finally terminated by the use of the forceps. Had had perineal tear, which was repaired following delivery. Patient suffered a great deal following delivery and was relieved by frequent doses of opiates. The doctor said they always told him such time he enquired that the patient urinated naturally. On the twelfth day I was called in consultation as they did not think the patient was doing very well.

I found a patient with temperature of 100, pulse 140 to 150, hard and angry. Mild delirium, partly unconscious, would usually answer questions, but lapsed right back into an unconscious state. Tongue coated and ulcerated on the edges, sordes on teeth, mucous membranes of mouth and fauces red and partially coated with a nasty grayish-white membrane, with a dead, guilty feel to it. Soreness of the whole body, cried out with pain every time any one touched her or attempted to move her. Abdomen was distended to size it was previous to delivery and intensely sore to touch. There had been some intermittent discharge of urine, as evidenced by the ammoniacal smell and the excoriated condition around the vulva.

It was not hard to see that there was a retention of urine present. I used a catheter and drew off a quart of urine very strongly ammoniacal in odor, colored with blood and so strong it attacked my hands like strong lye. I could have drawn off more urine at this time, but was afraid of more active hæmorrhage if I completely emptied the bladder at this time. This relieved the tension and pain and after two hours I drew off three more quarts of urine, first drawing off some of it and then putting back hot water and gradually diluting the urine and continuing the irrigation with the hot water until the solution came back clean and free from blood. The hæmorrhage started up pretty brisk once and I used a hypodermic of 1/100 grain of Atropin and 1/60 of a grain of Strychnia sulphate to control the hæmorrhage and avert shock to the patient. I drew off four quarts of urine all told. The doctor thought we had a vesico-vaginal fistula. I made a vaginal examination partly to see if there was any puerperal sepsis present. The uterus was in very good condition, but the vaginal mucous membrane was covered with a livery deposit which felt gritty to my finger. There was no fistula, but the urine, as it intermittently escaped from the bladder, had run down into the vagina and stayed long enough to form a deposit upon the vaginal mucous membrane. Whenever patient was moved or labia was separated the pus and urine escaped from the vagina. There were ulcerated patches all over the labia and perineum. We got a trained nurse and had her catheterize and wash out the bladder six to eight hours apart. Nurse also used baths, packs, saline solution and other hydrotherapeutic measures to promote elimination. I saw the patient again the next day and she was a good deal better, was rational and the soreness was better, also pulse had improved very much. I heard, by telephone each day, for several days, and patient continued to improve until she was able to set up. I did not hear again until twenty-three days after my first visit, when they telephoned me to come up again, as patient was worse. She had begun to get worse two days previous and was now in worse shape than when I saw her the first time.

I supposed she was well and the nurse or doctor could not account for her being in such a condition the second time. She couldn't eat anything and drank hardly anything. She was partially unconscious and delirious, had a great deal of tenderness over abdomen again, especially on right side, over course of ureter and up to the kidney. We tried to stimulate all the secretions by sweating and by the use of salt solution under the breast. I went back the next day and found a doctor from St. Louis, whom I knew, was in town, down on a hunting expedition, so I suggested having him see the patient. He made a thorough examination and thought the recurrence of the trouble was due to the infection having traveled up to the kidneys. He gave a very unfavorable prognosis, which coincided with my idea of the case. I was to go back the next day, but they telephoned me not to come, as the patient was dying. During the night the nurse started to use the catheter, but the urine would not flow through the catheter and as she with-

drew it it was followed by a fleshy substance, which, upon examination, proved to be the complete mucous coat of the bladder, which had sloughed off. The St. Louis physician saw this membrane and verified this or else I would hardly believe this could have happened. Read your text-books and see what a meager description you can find of retention of urine. All that I have access to say very little about it.

I have one unusual surgical case I wish to give. It does not belong under this bureau, but it is a rare case.

This was a boy of thirteen years of age, with a previous history of a fall some two years before, striking across the abdomen. It did not cause any trouble or inconvenience at the time. Two months before I saw him he had what the parents called a bilious spell with some vomiting and pain in the abdomen. They gave him some Calomel and home remedies and he was all right in a few days. A few days previous to time I saw him he had another supposed bilious attack, but he did not get over this one so they took him to a retired physician, who lived near the ?, and he told them the boy had appendicitis and they had better get some physician in active practice to look after him, so they called their regular physician from one of the nearby towns. He confirmed the other physician's diagnosis. The next day the boy was no better, so they telephoned me to get another physician and come up and operate on him. The physician they named was out of town so I got another physician and we met the one in charge at the house. We made an examination and all concurred that we had an appendical abscess about the size of your fist. He had all the typical symptoms, temperature, pulse, pain, etc. We made the incision and in the omentum that came into the wound was an enlarged, hard lymphatic gland, about the size of a hickory nut. The mass was hard, now fluctuating, and involved the cæcum and the appendix. All the lymphatic glands that were in reach were enlarged and hard. We made a diagnosis of a sarcoma, removed the gland first encountered in the omentum and one other for microscopical examination and sewed the boy up. He made a good recovery and was up and around in two weeks. I sent the specimens away and the report was a round cell spindle-celled sarcoma without any doubt. The parents, of course, could not believe it and the doctor who had charge of the case first rather helped them along by doubting it himself, but I told them it would take, at least, a year to change my diagnosis. The boy gained in weight and three months or so later they brought him to my office for examination and the mass was hardly perceptible. I had him on Arsenicum album 3x for some time, and would have continued longer, but they supposed he was well, thought we had made a mistake in diagnosis and I hoped we had.

He was operated on July 2d of last year. On April 2d this year they sent for the physician they had asked me to bring in the first place to come and operate again. He found the boy dying from an acute intestinal obstruction due to the growth of the sarcoma. He died the same night. This physician, and, in fact, every one I talked to about it, doubted the diagnosis. I had an intuitive feeling some way that it was a sarcoma from the feel of it and the general appearance of the abdomen. The tissues were all intensely red, but not of an inflammatory type.

BOOK REVIEWS.

The Ready Reference Hand-Book of Diseases of the Skin. By George Thomas Jackson, M. D., Professor of Dermatology in the College of Physicians and Surgeons, Medical Department of Columbia University, New York. Seventh edition, thoroughly revised. 12mo, 770 pages, with 115 engravings and 6 colored plates. Cloth, $3.00, net. Lea & Febiger, Philadelphia and New York, 1914.

This work fully deserves the splendid success which it has attained. It very closely approaches the ideal for the purposes of the general practitioner, and for the dermatologist it is unexcelled for quick reference. Its clear and concise statements and its excellent illustrations and colored plates are features which have kept it in the forefront of dermatological books, and have brought it to its seventh edition. Each one has been an improvement over the previous ones, and the latest is the best of all. The opening sections are general, and cover the anatomy and physiology of the skin and diagnosis; these are followed by therapeutic notes and a table showing the best classification of diseases according to present-day views. The individual diseases are then taken up alphabetically, and each one is thoroughly considered. Treatment is brought out prominently, and in most cases the formulas that give the best results are included. This gives the volume a practical working value which would be impossible under any other system. Many of the old sections have been entirely rewritten. New articles have been included on vaccines, salvarsan and the use of X-rays. Many new illustrations and two excellent new colored plates appear in this edition.

A History of Laryngology and Rhinology. By Jonathan Wright, M. D., Director of the Department of Laboratories, New York Post-Graduate Medical School and Hospital. Second edition, revised and enlarged. Octavo, 357 pages, illustrated. Cloth, $4.00, net. Lea & Febiger, Philadelphia and New York, 1914.

This work belongs to the type of medical book which is but rarely published, and then only in

limited editions, which appeals to the physician for its literary and historic value rather than for its practical usefulness in his everyday professional life. It is a book which will afford him pleasure and recreation in his leisure hours, and from which, nevertheless, he will obtain much that will be of value to him in his daily routine. It will broaden his point of view, and give him a better perspective, not only of the specialty in which he may be engaged, but also of all branches of medicine, to see how the particular department reviewed herein has grown from crude beginnings to one of the most highly perfected of all the specialties. The author is not only a gentleman of eminence in the medical world, but also a litterateur and a historian, and he has portrayed his subject in an interesting and charming style. Beginning with Egyptian Medicine, and continuing until the advent of modern procedures, Dr. Wright has given the reader a story full of entertainment and historic interest.

The Practice of Pediatrics. By Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital. Octavo of 878 pages, 139 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6.00, net; Half morocco, $7.50, net.

This is the latest work on pediatrics, and is a complete treatise on the subject. The parts devoted to the general consideration of feeding and care of children is excellent and well presented. The discussion of the various diseases is also most excellent. The great fault of the book, if it can be said to have faults, is the crudeness of the therapeutic measures, especially as regard to drugs. The drug treatment advocated in the book is something beyond the conception of the homœopathic physician, and we believe the progressive physician and modern practitioner of the allopathic school would not use drugs in the dosage advocated nor for the indications given. However, like all books of this kind, it possesses much merit and supplemented by our own works on therapeutics it would have a most excellent field in our school.

Surgery: Its Principles and Practice. For Students and Practitioners. By Astley Paston Cooper Ashhurst, A. B., M. D., F. A. C. S., Instructor in Surgery in the University of Pennsylvania; Associate Surgeon to the Episcopal Hospital; Assistant Surgeon to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases. Handsome large octavo. 1,141 pages, with 7 colored plates and 1,032 illustrations, mostly original, in the text. Cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1914.

This new text-book of Surgery is without question the most important publication of the year in any branch of medical science. It has been designed and prepared by one of the foremost surgeons and teachers of the present time. It represents the most modern thought and practice, and reflects the unusual qualifications, literary as well as professional, of its talented author. Dr. Ashhurst has presented clear and accurate statements of facts, and has placed emphasis on the underlying principles; he has given particular attention to pathogenesis, diagnosis and indications for treatment, and has completed the whole with adequate descriptions of operations. At remarkable feature of the work is the magnificent series of 1,032 illustrations, which are almost entirely original, and have been prepared especially for it. Each one has been chosen for the information it conveys. The sections on Fractures and Dislocations and on Diseases of the Bones and Joints will be appreciated by those familiar with the author's excellent monograph on "Fractures of the Elbow." Genito-Urinary Surgery, Gynæcology and Orthopedics are discussed at sufficient length to meet the requirements of general surgeons.

Diseases of the Heart. By John Cowan, D. Sc., M. D., F. R. F. P. S., Professor of Medicine, Anderson's College Medical School; Physician, Royal Infirmary; Lecturer in Clinical Medicine in the University of Glasgow; Examiner in Medicine, Royal Army Medical College. Octavo, 458 pages, with 199 illustrations. Cloth, $4.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

This new work will be of great value to every physician and surgeon, for it presents the most recent knowledge on this important class of diseases, and the latest methods of handling them. To quote from the preface: "During the last ten years great advances have been made in our knowledge of the diseases of the heart and arteries. New methods of histological technique have revealed lesions which were hitherto unappreciated and experimental research has deciphered their cause. The sphymomanometer, the polygraph, the electrocardiograph, and the Roentgen rays, have become accessible to the clinician, and the data thus acquired have elucidated some of the many problems which awaited solution; while the pharmacologists have defined the uses of such drugs as Digitalis more accurately than has been previously possible.

"The following pages are an attempt to review the whole subject in the light of these recent advances, and to present to the practitioner the results which have been attained, and their bearing upon the practical work of *diagnosis, prognosis and treatment.*"

The book is based largely upon the author's personal experience, though the best recent literature has also been carefully studied. Two of the chapters, upon special subjects, have been written by authorities in their particular fields.

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VOL. XXI JUNE 1914 No. 6

HOMŒOPATHS IN EUROPE WHO SPEAK ENGLISH

THE following are the names of our colleagues in Europe who speak English. They were furnished by Dr. E. Petrie Hoyle, of London, Secretary of the International Homœopathic Council. We present these names in order that our physicians having patients who go abroad during the summer months may not be bereft of homœopathic attention while away:

AUSTRIA.

Bad-Gastein—Dr. Kubasta.

Vienna—Dr. Ignaz Klauber, Maysedergasse 5; Dr. Hans Kubasta, Blaasstrasse 3 (also Bad-Gastein); Dr. Gustave Zirsch (Jr.), Beatrixgasse 14/b.

BELGIUM.

Antwerp—Dr. Anatole Lambreghts, Rue Stoop 1; Dr. Bonface Schmitz, Longue Rue Neuve 130.

Brussels—Dr. Jaen Dewee, Rue de Trone 32; Dr. Ernest Nyssens, Rue des Drapiers 60, also Dr. Mersch.

Ghent—Dr. Samuel vanden Berghe, Rue des Baguettes 34.

DENMARK.

Copenhagen—Dr. Thorson, c/o new Homœopathic Hospital.

Bronderslev (Jutland)—Dr. v. Olsen (Hah. Med. Coll., Chicago).

FRANCE.

Paris—Dr. Bernard Arnulphy, Boulevard Haussmann 39; Dr. Etienne Boyer, Rue Logelbach 7; Dr. Xavier Jousset, Rue de Grenells 9 (oculist); Dr. Planton, Rue Vital 50, also Dr. François Cartier.

Lyon—Dr. d'Espiney, Place Bellecour 1; Dr. Jules Gallavardin, Rue de la Charite 4.

Vichy—Dr. Cotar.

GERMANY.

Berlin—Dr. Hugo Dammholz, Gnefenaustrasse 3 (S. W. 57); Dr. Friedrich Gisevius, Jr., Karlsbadstrasse 13/14 (W. 35); Dr. Oakar Muller, Victoria Luizenplatz 2 (W. 30); Dr. Honcamp, Schillstrasse 5 (W. 62).

Darmstadt—Dr. Friedrich Sellentin, Wilhelminenstrasse 17.

Frankfurt am Main—Dr. August Grunwald, Heinestrasse 40 (Grunewald).

Kreuznach Bad—Dr. Kranz, Salinenstrasse 57 (Villa Corona).

Magdeburg (sachsen)—Dr. Carl Nissen, Helberstaderstrasse 9/b.

Pforzheim—Dr. Immanuel Kirn, Sedanplatz 6.

Potsdam—Dr. Eugen Kroner, Blucherplatz 2.

Stuttgart—Dr. Richard Haehl (Hahne. Coll., Phila.), Helfferichstrasse 10.

Wiesbaden—Dr. Kranz-Busch, Taunnusstrasse 23 (Haus Prince of Wales).

HOLLAND.

The Hague—Dr. N. A. J. Voorhoeve, Celebesstraat 93.

Rotterdam—Dr. J. Tuinzing, Haringvliet 26; Arts H. Van Royen, Stationsweg 19.

Amsterdam—Dr. D. K. Munting, Den Tex staat 8; Dr. M. L. van der Stempel, Pieter de Hoogh straat 2.

Croningen—Dr. L. Bouman, Akerhof 20.

S'Gravenhage (The Hague)—Arts A. Boerma, Anna Paulownastraat 75.

Haarlem—Arts H. Groenendyk, Wagenweg 16.

Utrecht—Arts J. T. A. B. von Royen, c/o Homœopathic Hospital, at Oudenryn (new).

Almen—Arts P. L. van der Harts, Director of the future Homœopathic Hospital to be opened by the end of 1914.

ITALY.

Florence—Dr. Dandolo Mattoli, Via Montebello 17; Dr. Baldelli, Via Borgognissanti 36.

Napies—Dr. Archimede Giglinao, Via Carlo Poerio 104.

Rome—Dr. Liberali, Via Montserrato 25; Dr. Agostino Mattoli, Via Sistina 60 (N. Y. Hom. Med. Coll.).

RUSSIA.

St. Petersburg—Dr. Brasol, Troitzkaia 5; Dr. Flemming, Morskaia 17; Dr. E. Gabrilovitch,

Fontanka 38; Dr. N.. Garrilovitch, Grafsky pereuolok 7.

Choral—Dr. Dukoff (translated Hughes).

Moscow—Dr. Serkoff c/o Central Homœo. Pharmacy, 19 Petrofka St.; Dr. Adrianoff, now in London, after Oct. in Moscow. (His wife speaks English, is qualified in dentistry).

ton).

Odessa—Dr. Lutzenko (translated Farring-

Riga—Dr. Prof. Zelenkow, St. Petersburg Sanatorium at Riga.

SPAIN.

Barcelona—Dr. Cahis; Dr. Comet, Claris 45 pral; Dr. Moragas y Garcia, Laurio 4 1°.

SWEDEN.

Gotenbourg—Dr. Grouleff, Vasagaten 20 (Hering Med. Coll.).

Ostersund—Dr. Axell (Hering Med. Coll.).

Stockholm—Dr. Grundall, Regeringsgat 52; Dr. P. E. T. Torgny (Rush Med. Coll.), Malskilnadsgatan 41/b; Dr. Osier (Hering?), Valhallavagen 83.

Mjolby—Dr. Harry Holst (Hering?).

Selleftes—Dr. H. Wilh Sjogren (little English).

SWITZERLAND.

Aurau—Dr. P. A. Guignard, Feerstrasse 686.

Basle (Basel)—Dr. Edwin Scheidegger, Thiergartenrain 55.

Berne, Dr. A. Pfander, Bundesgasse 32.

Geneva—Dr. Henry Duprat, Boulevard des Philosophes 26.

Lausanne—Dr. Nebel, Boulevard de Grancy 3.

Montreaux—Dr. C. Amiet, Place du Marche 7.

Mulinen (Nr. Spiez)—Dr. Luginbuhl.

St. Gallen—Dr. Max Kunzli, Blummen strasse 38.

Zurich—Dr. Mende-Ernst, Dreikonigesstrasse 37; Dr. Hans Hoppler (N. Y. Med. Coll.), Cecilienstrasse 10; Dr. Aebli, Weinbergstrasse 92.

A CHANGE OF BASE IN CALIFORNIA.

THE Board of Medical Examiners of the State of California, after much pressure brought to bear upon them from various sources and an earnest appeal to Governor Johnson, who took things in his own hands and did what he was expected to do—the right thing—have made homœopathic materia medica one of the features of all examinations of homœopathic applicants. Not only this, but it has been ruled that the Board must conduct examinations in both practice and materia medica, which shall correspond to the school from which the candidate graduates, applying both to written and oral examinations.

Also in consonance with the requirements of the law, commencing January 1, 1915, all matriculants to the Hahnemann College of San Francisco must have in addition to the four years' high school course, one year's work of college grade in physics, chemistry and biology.

The Board of Examiners of the State, upon the appeal of Dr. Ward to the Governor and to it, have allowed the Hahnemann Medical College to inaugurate a pre-medical school of its own, for which due credit will be given and certificates therefrom will be honored by the Board. This is a tremendous gain for Homœopathy in general and for the Hahnemann College of the Pacific in particular.

The Hahnemann College of the Pacific during the past year has done excellent work, and the step to have materia medica and practice recognized as an examining study, and in all instances having these branches accepted as qualifying studies is real progress. Of course, there will be a fight over this in the next Legislature, but I think we will be able to hold our own with such an excellent man at the helm as Dean Ward of our Pacific Coast institution.

HOMŒOPATHIC SURGERY.

I DESIRE to call the attention of our readers to an article in this issue by Dr. A. B. Smith, of Grand Rapids. It states our position exactly in regard to homœopathic surgery. The doctor has had much experience, not only in the manual practice of surgery, but the treatment of surgical diseases by means of internal remedies, and has become convinced that there is such a thing as homœopathic surgery. What such a man as Dr. Smith would gain by belonging to a College of Surgeons is not clear. I am sure if he would present such excellent papers to our own Surgical and Gynæcological Society of the Institute he would have a far more appreciative audience.

NEWS ITEMS.

CALIFORNIA.

Dr. Louis P. Crutcher is located permanently at Long Beach, where he devotes his attention to diseases of children and orificial practice.

ILLINOIS.

Applications are desired for one of two post-graduate internes in Hahnemann Hospital of Chicago for the coming year. Applicants must be registered and licensed to practice medicine in the State of Illinois. Edgar J. George, M. D., chairman of the Interne Committee.

Dr. Clifford Mitchell has moved his office to 25 E. Washington street, Chicago.

MARYLAND.

The Maryland Homœopathic Society held a successful annual meeting in Baltimore.

MICHIGAN.

The Michigan State Homœopathic Society held its annual meeting in Saginaw with Dr. J. B. Sinclair, of Grand Rapids, President, in the chair. The meeting was very well attended and among the drawing cards was the presence of Governor Ferris, who delivered a most excellent address, which was truly homœopathic in sentiment. Other addresses were made by President Wilcox, of the Institute, and Dr. C. E. Sawyer, of Marion, Ohio. The papers read were of high order and caused much instructive discussion.

Officers elected for the ensuing year were the following:

Dr. C. A. Burrett, Ann Arbor, President.

Dr. L. M. Tuttle, of Holand, First Vice-President.

Dr. G. F. Thornburgh, of Alma, Second Vice-President.

Dr. A. B. Smith, Grand Rapids, Secretary.

Dr. Leon J. Gibson, of Vassar, Corresponding Secretary.

The next place of meeting will be Lansing.

MISSOURI.

Dr. Maclay Lyon has opened his Diagnostic Laboratory at 501 Bryant Building, Kansas City, Mo., where he is doing good work.

NEW YORK.

Dr. A. B. Norton announces that he will be absent from his office during the summer from June 27th until October 1st. Dr. Calvin E. Williams will be in his office during his absence.

OHIO.

The following graduates of the Eclectic Medical College, Class 1914, have been appointed as resident internes in the following hospitals, by competitive examination:

William A. Leiser to the Metropolitan Hospital, New York City; Carl M. Hazen and J. Harvill Bite to the Cumberland Street Hospital, Brooklyn, N. Y.; Warren L. Hulse to Grace Hospital, Detroit, Mich.; J. Earl Holman, Zeph. H. Ballmer and Byron H. Nellans to St. Mary's Hospital, Cincinnati; Neil E. Taylor and Francis J. Abt to the Seton Hospital, Cincinnati; L. Lee McHenry to Bethesda Hospital, Cincinnati.

At the annual meeting of the Toledo Homœopathic Drs. Armstrong and Rhonehouse read papers and the officers for the ensuing year were elected.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursay evening, April 9, 1914, at 8:30 o'clock. Many timely topics were discussed at this meeting. A large number of members were in attendance and the meeting was an interesting one.

WM. M. SYLVIS, M. D., *Secretary.*

The Germantown Homœopathic Medical Society met the other Homœopathic Medical Societies of Philadelphia and vicinity in a combined birthday celebration anniversary, of Hahnemann, at the Hotel "Majestic," Broad and Girard avenue, on Monday, the 20th of April, 1914, at 7 o'clock in the evening. Four hundred physicians attended this combined celebration, among whom were many noted Homœopaths. Dr. DeWitt G. Wilcox, of Boston, Mass., President of the American Institute of Homœopathy, delivered a very able address, which was highly appreciated by his many hearers. Other addresses were delivered by Dr. L. T. Ashcraft, President of the State Homœopathic Medical Society, and E. M. Howard, President of the Germantown Homœopathic Medical Society. The committee in charge consisted of Dr. Wm. H. Keim, chairman; Dr. G. K. Mackenzie and Dr. W. Howard Lyle, all of whom deserve great credit for the very able manner in which they had arranged the evening's entertainment and which proved to be a most enjoyable affair.

L. W. THOMPSON, M. D., *Secretary.*

The Clinico-Pathological Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, April 18, 1914, at 9 P. M. The scientific program consisted of the following:

"Gunshot Wound of the Maxillary Antrum" (with lantern demonstrations), D. MacFarland, M. D., and W. C. Barker, M. D.

"A Case of Gastric Tetany," R. S. Copeland, M. D.

"Arthritis Following Typhoid Fever and Other Acute Infections," D. J. Morton, M. D.

"Report of Some Cases of Abscess," R. E. Tomlin, M. D.

The Censors reported favorably the name of Dr. C. B. Hollis, 1630 N. 18th street. The meeting, which was an interesting one, was largely attended.

B. K. FLETCHER, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Dr. H. P. Leopold, 503 E. Gorgas Lane, Ger-

mantown, on Wednesday, April 15, 1914. Many important topics were discussed at this meeting. There was a full attendance of members, and a delightful time was had by those present.

J. D. BOILEAU, M. D., *Secretary.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held a meeting in honor of Hahnemann's birthday, at Chester, in the Y. M. C. A. Building, on Tuesday, April 14, 1914, at one o'clock. The scientific program consisted of the following:

"External Diseases of the Eye," W. W. Speakman, M. D.

"Tuberculosis of the Kidneys" (stereoscopically illustrated), L. T. Ashcraft, M. D.

"Nasal Obstruction as the Cause of Ear Diseases." G. J. Alexander, M. D.

A planked shad dinner was then served, and proved to be a very enjoyable affair. All present expressed themselves as having had a delightful time.

ISAAC CROWTHER, M. D., *Secretary.*

The Blair County Homœopathic Medical Society held its regular monthly meeting at the Schmitt House, on Friday evening, March 27th, 1914. Three leading specialists of the State, Dr. H. M. Eberhard, Dr. W. R. Williams and Dr. J. D. Elliott, all on the staff of the Hahnemann Hospital, Philadelphia, were guests of the society, and who delivered very eloquent addresses, the same being as follows:

"Points in Abdominal Diagnosis Relating to the Stomach and Intestines," H. M. Eberhard, M. D.

"Bowel Obstruction," J. D. Elliott, M. D.

"Heart Failure," W. R. Williams, M. D.

The meeting was largely attended, and a thoroughly enjoyable time was had by all present.

The Executive Committee, of the Anatomical Board of the State of Pennsylvania, held a special meeting on May 7th, 1914, in Thompson Hall, College of Physicians, 15 South Twenty-Second street, Philadelphia, at 8:15 P. M., to meet the President of the College of Physicians, the Deans and Faculties of the various Medical, Dental and Private Schools of the State, the Bureau of Medical Education and Licensure, the President of the Philadelphia County Medical Society and its Committee on Public Policy and Legislation, the President of the Philadelpha County Homœopathic Medical Society and its Committee on Legislation, to lay before this collective body the refusal of the Coroner of Philadelphia County to comply with the statutes of 1883 and 1911, requiring him to deliver the unclaimed dead to this board, and to take such acton as was advisable.

PERSONALS.

Dr. Julia C. Loos, 30 North Second street, Harrisburg, Pa., announces that after May 15, 1914, her medical and journalistic work will be conducted in East Liberty, Pittsburgh, Pa. Harrisburg communication will be continued by correspondence, telephone and telegraph, and occasional visits of a few days each, dates to be announced.

Office, East End Trust Building, Penn and Highland avenues.

WISCONSIN.

The Wisconsin Homœopaths celebrated their fiftieth anniversary the other day, at Hotel Pfister, Milwaukee. They presented a fine program, every bureau being full of food for thought. They are a live bunch, even if they are small. The presence of Dr. DeWitt G. Wilcox, of Boston, the President of the American Institute, added interest and enthusiasm for our school of practice. A considerable addition to the interest and enthusiasm was created and a number of subscriptions taken for the Propagandistic Fund of the Institute.

The officers for the next year are:

President, Dr. F. T. Clark, Waupun.

Vice-President, Dr. S. W Murphy, Kenosha

Secretary, Dr. M. M. Hopkins, Oconto.

Treasurer, Dr. F. E. Brown, Milwaukee.

The delegates to the Institute, at Atlantic City, are: Drs. Hopkins, of Oconto, and Beebe, of Milwaukee.

OBITUARY.

Dr. Ella G. Smith.

Kearsage, N. H., Dec. 2, æt. 59. Boston University School of Medicine, 1884.

Dr. Henry W. Shaffer.

Tedrow, Ohio, April 7, æt. 63. Cleveland Homœopathic College, 1897.

Dr. H P. Miller.

Norwalk, Wis., Feb. 6, æt. 74. Hahnemann Medical College of Chicago, 1887.

Dr. C. O. Roberts

Northampton, Mass., April 26, æt. 85. Hahnemann Medical College of Philadelphia, 1853.

Dr. F. B. Richter.

Lincoln, Neb., April 18, æt. 78. Hahnemann Medical College of Chicago, 1878.

Dr F. L H. Willis.

Rochester, N. Y., April 12, æt. 85. New York Homœopathic Medical College, 1865

Dr. W. H. Outland.

Bellefontaine, O., Jan. 24, æt. 72. Hahnemann Medical College of Chicago, 1882; Pulte Medical College, 1884.

Dr. W. S. Briggs.

St. Paul, Minn., April 6, æt. 59. Hahnemann Medical College of Chicago, 1879.

Dr. F. J. Slough.

Allentown, Pa., April 3, æt. 72. Hahnemann Medical College of Philadelphia, Pa., 1863.

Dr. Celia M. Haynes.

Chicago, April 9, æt. 69. Cleveland Homœopathic College, 1877.

Dr. N. G. Parker.

Onawa, Iowa, Mar. 15. Cleveland Homœopathic College, 1897.

Dr. S. O. L. Potter.

San Francisco, April 21, æt. 67. Missouri Homœopathic College, 1878. Dr. Potter left the homœopathic school years ago.

Dr. Rebecca Rogers George.

Indianapolis, Ind., April 17, æt. 51. Homœopathic College, University of Michigan, Ann Arbor, 1891.

Dr. Julia A. Marshall.

Norfolk Downs, Mass., March 26, æt. 72. Boston University School of Medicine, 1877.

Dr. John W. Dowling.

New York, May 11, 1914, æt. 48. New York Homœopathic Medical College, 1886. Dr. Dowling was Secretary and Professor in his Alma Mater.

Dr. Mary C. Farnham.

Denver, Colo., May 2, æt. 72. Chicago Homœopathic Medical College, 1881.

Dr. Robert King.

Emporia, Kan., May 2, æt. 75. New York Homœopathic College, 1863.

OKLAHOMA INSTITUTE OF HOMŒOPATHY.

The Oklahoma Institute of Homœopathy held its annual session at Oklahoma City, April 15th to 16th. This was very well attended and an excellent program was presented and much work done for the betterment of the homœopathic organization in this State. There are a number of excellent places of 10,000 or more inhabitants in the State of Oklahoma which would take care of our men from the first. These cities are constantly asking us for members of Homœopathy.

The following is a list of the officers elected for the ensuing year:

President, W. W. Osgood, M. D., Muskogee.

Vice-President, F. W. Hammond, M. D., Lawton.

Secretary, J. A. Brooke, M. D., Oklahoma City.

Treasurer, O. R. Gregg, M. D., Alva.

Board of Censors, C. W. Bard, Medicine Park; A. S. Phelps, Oklahoma City; D. S. Gaede, Weatherford.

Legislative Committee, A. S. Phelps, Oklahoma; W. L. Bonnell, Chickasha; D. W. Miller, Blackwell; L. S. Cunningham, Tulsa; L. H. DeVasher, Muskogee.

Bureau Chairmen, D. W. Miller, Ophth. and Oto.; S. B. Leslie, Hygiene and Sanitation; F. W. Hammond, Genito-Urinary; F. J. Boutin, Nervous Diseases; M. E. Ray, Pediatrics; W. H. Hardenstein, Materia Medica; S. C. Whitcomb, Obstetrics; Bert Johnson, Clinical Medicine; O. R. Gregg, Gynæcology; C. R. Phelps, Surgery.

PHARMACODYNAMICS AND THERAPEUTICS.

BY A. E. HINSDALE, M. D., BAY CITY, MICH.

Boric Acid.

Pointing out that boric acid is not an altogether harmless medicament, and that four deaths are charged to it in literature, J. H. Sanders tells (*Brit. Med. Jour.*, March 16, 1912) of a mishap in his own practice. In a case of obstinate dysentery, he had treated the man for several weeks with boric acid irrigations, when grave symptoms of poisoning became apparent. There appeared a hæmorrhagic exanthem (in spots), more largely over the face and the inner aspects of the limbs, together with threatening cardiac weakness and spells of delirium. After the omission of the boric treatment, the symptoms disappeared, although only very slowly; the patient eventually recovering entirely. The moral is plain.

Iodine.

The following precautions are to be observed in the use of iodine as an antiseptic:

1. Always secure as dry a condition as possible of the skin, bone cavities, and all other cavities exposed to the air. This is especially important in emergency work.

2. Always use the tincture in full strength on all mucous membrane where inflammation is due to infection. All such cases should be drained with gauze.

3. Whenever iodine in any strength is used in closed cavities, such as the urinary bladder or uterus, either thoroughly douche with saline solution and hydrogen peroxide or insert a drain—preferably a small gauze drain.

4. Do not use iodine in combination with other drugs. It should always be used alone. If it is desired to dilute the tincture use water.

5. Do not use a hypertonic salt solution, Wright's solution, or hydrogen peroxide for twelve to twenty-four hours after using iodine.

6. Never use the full strength in the vagina or rectum.

7. In all indolent wounds or ulcers, apply a bandage as nearly air-tight as possible for twelve to twenty-four hours after a thorough application of iodine.—*F. E. Walker (Journal of the Minnesota State Med. Association,* Feb. 15, 1911.)

Boric Acid.

This substance when given in doses of from 3 to 5 grains several times a day has been followed in several instances by almost complete alopecia.

Pulsatilla.

About twelve cases of orchitis were treated with this remedy, and every case resulted in a cure. Some of the patients gave a history of gonorrhœa, and the rest of the cases the cause was idiopathic in origin.